PTO/SB/17 (12-04) Approved for use through 7/31/2006. OMB 0651-0032

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2 2	respond to a collection of information unless it displays a valid OMB control number Complete if Known						
Fees pursuant to the Consolida	e on 12/08/2004. ted Appropriatio		Application Nu	mber	09/889,867		
FEE TRA	MSM/	ITTAI	Filing Date		(Int'l) January 2	20, 2000	
For FY 2005			First Named In	ventor	Halle MORTO	<u> </u>	
FOI	FY ZUU:)	Examiner Name	Э	J. Andres	-	
X Applicant claims small	l entity status. S	See 37 CFR 1.27	Art Unit		1646		•
TOTAL AMOUNT OF PAY	MENT	(\$) 580.00	Attorney Docker	t No.	524372000100)	
METHOD OF PAYMEN	T (check all ti	nat apply)				_	
Check Credit C	Card M	Ioney Order No	ne Other	(please ide	ntify):		
x Deposit Account	Deposit Account I	Number: 03-1952	_ Deposit Account Na	ame:	Morrison & Fo	oerster LL	<u>_P</u>
For the above-ident	tified deposit a	account, the Director i	s hereby authoriz	ed to: (ch	eck all that apply)		
x Charge fee(s)) indicated bet	ow	Charg	ge fee(s) ir	ndicated below, ex	cept for t	he filing fee
	dditional fee(s	s) or any underpayme and 1.17	nt of x Credit	t any over	payments		
FEE CALCULATION				-			
1. BASIC FILING, SEARCH	I, AND EXAM	IINATION FEES		-	=		
			ARCH FEES		INATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	300	150 500		200	100		.00
Design	200	100 100	50	130	65	0	.00
Plant	200	100 300	150	160	80		.00
Reissue	300	150 500	250	600	300		.00
Provisional	200	100 0	0	0	0	0	.00
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100							
		eissues, each indepen	dent claim more	than in th	e original patent	200	100
Multiple dependent claims						360	180
			Paid (\$) Multiple Dependent Claims				
25 - 24 =	1 x	<u>25.00</u> = <u>2</u>	5.00	<u> </u>	Fee (\$) F	ee Paid (\$	ภ
Indep. Claims Extra	Claims I	Fee (\$) Fee	Paid (\$)			0.00	-
			00.00				
3. APPLICATION SIZE FEI							
If the specification and dr for each additional 50						or small e	ntity)
<u>Total Sheets</u> <u>E</u>	Fee Paid (\$) = 0.00						
4. OTHER FEE(S)	•	/50	_ (round up to a wh				Paid (\$)
Non-English Specificati							0.00
		ned examination (Ronse within first mor		R 1.114)		_	95.00 0.00
SUBMITTED BY							

SUBMITTED BY								
Signature	CamRZochon	Registration No. (Attorney/Agent)	46,332	Telephone	(858) 720-5191			
Name (Print/Type)	Karen R. Zachow, ₱h.D.			Date	February 1, 2005			